## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

**Application or Docket Number** 

10/521677

| CLAIMS AS FILED - PART I   |  |   |                      |                                    |            |                                      |                     | SMALL EN    | ПТҮ                    | 05      | OTHER            |                        |
|--|--|---|----------------------|------------------------------------|------------|--------------------------------------|---------------------|-------------|------------------------|---------|------------------|------------------------|
| L  |  |   | (Column 1)           |                                    |            | (Column 2)                           |                     | TYPE        | <u> </u>               | OR<br>3 | SMALL            | ENTITY                 |
| U.S. NATIONAL STAGE FEES   |  |   |                      |                                    |            | <u>.</u>                             |                     | RATE        | FEE                    | ŀ       | RATE             | FEE                    |
| BASIC FEE  |  |   |                      |                                    |            | GE ENT. = \$ 300                     |                     | BASIC FEE   |                        | OR      | BASIC FEE        | 37/                    |
| EXAMINATION FEE  |  |   | (4) = \$50/\$100 \$  |                                    |            | ther situations =<br>\$ 100 / \$ 200 |                     | EXAM. FEE   |                        |         | EXAM. FEE        | 501                    |
| SEARCH FEE   |  |   | All alterations at 1 |                                    |            | ther situations =<br>\$ 250 / \$ 500 |                     | SEARCH FEE  |                        |         | SEARCH FEE       | 4711                   |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min                  | us 100 =                           |            | / 50 =                               |                     | X \$ 125 =  |                        |         | X \$ 250 =       | 4                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 4mi                | nus 20 =                           |            | 4                                    |                     | · X \$ 25 = |                        | OR      | X \$ 50 =        | 201)                   |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 = .        |                                    |            |                                      |                     | X \$ 100 =  |                        | OR      | X \$ 200 =       |                        |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | SENT                 |                                    |            | <b>X</b>                             |                     | +\$ 180 =   |                        | OR      | + \$ 360 =       | 3611                   |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                      |                                    |            |                                      | •                   | TOTAL       |                        | OR      | TOTAL            | 14(1)                  |
| CLAIMS AS AMENDED - PART II  1-18-05 (Column 1) (Column 2) (Column 3)    |  |   |                      |                                    |            |                                      | _                   | SMALL E     | NTITY                  | OR      | OTHER<br>SMALL E |                        |
| AMENDMENT A  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUME<br>PREVIO<br>PAID I   | BER        | PRESENT<br>EXTRA                     |                     | RATE        | ADDI-<br>TIONAL<br>FEE | 9       | RATE             | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 勒 24                                    | Minus                | · 2                                | 4          | = '                                  |                     | X \$ 25 =   |                        | OR      | X \$ 50 =        |                        |
|  | independent                                    | . 2                                       | Minus                | ··· 3                              | 3          | s —                                  |                     | X \$ 100 =  |                        | OR      | X \$ 200 =       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                                    |            |                                      | ſ                   | +\$ 180 =   |                        | OR      | + \$ 360 =       |                        |
|  |  |   | •                    | TOTAL ADDIT.<br>FEE                | /          | OR                                   | TOTAL ADDIT.<br>FEE | /           |                        |         |                  |                        |
|  |  | (Column 1)                                | <u></u>              | (Colum                             | ın 2)      | (Column 3)                           | _                   |             | •                      | _       | /                |                        |
| 8  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHE<br>NUMB<br>PREVIOI<br>PAID F | ER<br>USLY | PRESENT<br>EXTRA                     |                     | RATE        | ADDI-<br>TIONAL<br>FEE |         | RATE             | ADDI-<br>TIONAL<br>FEE |
|  | Total  |   | Minus                | **                                 |            | 2                                    |                     | X \$ 25 =   |                        | OR      | X \$ 50 =        | 95.                    |
|  | Independent                                    | •   | Minus                | ***                                |            | =                                    | ſ                   | X \$ 100 =  |                        | OR      | X \$ 200 =       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                                    |            |                                      |                     | + \$ 180 =  |                        | OR      | + \$ 360 =       | ۲۰                     |
|  |  |   |                      | FEE                                |            | OR                                   | TOTAL ADDIT.<br>FEE |             |                        |         |                  |                        |
|  |  |   |                      | •                                  |            |                                      |                     |             |                        |         |                  | ı                      |
| •  | If the entry in only                           | mn 1 is less than the                     | entry in column 2    | . write "0" in                     | cotumn     | n 3.                                 |                     |             |                        |         |                  | l                      |
|  | •  | mber Previously Paid                      |                      |                                    |            |                                      |                     |             |                        |         |                  | · ·                    |

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than "J", enter "J".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.